

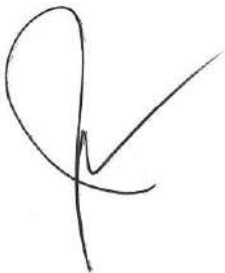
## ***Section VI. Schedule of Requirements***

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

No.	Model	Unit/Qty	Coverage
1	<b>a. Health Maintenance Organization (HMO) Program for UCPBS Employees</b>  <b>b. Premium Base Rate with payment arrangement</b>	<b>732 UCPBS Employees</b>  <i>(258 Officers &amp; 449 Non-Officers)</i>	<b>October 1, 2022 to September 30, 2023</b>

## *Section VII. Technical Specifications*

Spencer  
JL

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# Technical Specifications

Procurement of One-Year Health Maintenance Organization (HMO) Program for  
UCPBS Employees  
(ITB-HRD-003-01-09-2022/RB2)

Item #	TECHNICAL SPECIFICATIONS
<b>I.</b>	<b>Minimum Qualifications of the Bidder</b>
1	Prospective bidder (also called HMO) must present a duly issued License to Operate or Certification authorizing or allowing it to provide an HMO Program or Health Program or any similar program from the Insurance Commission.
2	Prospective bidder must be in good standing in all affiliated hospitals nationwide including the tertiary hospitals and their extension clinics: <ul style="list-style-type: none"> <li>a. Asian Hospital and Medical Center;</li> <li>b. Makati Medical Center;</li> <li>c. St. Luke's Medical Center (Quezon City)</li> <li>d. St. Luke's Medical Center (Taguig City)</li> <li>e. The Medical City (Ortigas);</li> <li>f. Cardinal Santos Medical Center;</li> <li>g. Manila Doctor's Hospital; and</li> <li>h. Capitol Medical Center;</li> </ul>
3	Prospective bidder must be able to provide the minimum Benefits and Coverage Provisions provided hereunder.
<b>II.</b>	<b>Coverage Period</b>
1	The coverage period shall be one (1) year from October 1, 2022 to September 30, 2023.
<b>III.</b>	<b>Premium and Payment</b>
1	The HMO shall provide for single premium rate for each principal member. There shall be 732 principal members to be enrolled in the Y2022-2023 UCPBS HMO Program for Employees. <ul style="list-style-type: none"> <li>• 258 Officers</li> <li>• 449 Non-Officers</li> </ul>
2	The UCPBS shall pay the premium in the total amount of not more than <b><u>Nine Million Three Hundred Seventy-Nine Thousand Three Hundred Pesos Only (Php9,379,300.00)</u></b> , which is the Approved Budget for the Contract (ABC).
3	The UCPBS shall pay in full amount of not more than the Approved Budget for the Contract (ABC) under the <b><u>premium base rate with payment arrangement: 1)</u></b>

	<b><u>Php4,000,000.00 as 1<sup>st</sup> payment, and; 2) 2<sup>nd</sup> payment for the remaining amount within the 1<sup>st</sup> quarter of 2023.</u></b>						
4	Upon full completion of enrollment and delivery of ID Cards for 732 principal members to HRD, the UCPBS shall process the payment in full within 30 days upon receipt of invoice.						
5	The HMO shall provide monthly utilization report every 15 <sup>th</sup> day of the month to UCPBS through the HRD for the utilization of the previous month.						
<b>IV. Membership Eligibility</b>							
1	Principal membership to the HMO Program is for all incumbent, qualified regular employees of UCPBS duly endorsed by HRD.						
2	Addition and Cancellation of Membership to conditions mutual agreed upon by the HMO and UCPBS.						
3	Each principal member shall be allowed to enroll dependents subject to such requirements as may be provided by the HMO. Each principal member is solely responsible for the costs of their dependent's coverage.						
<b>V. Maximum Benefits Limit</b>							
1	Maximum benefits limit for all principal members shall be at least: <table border="1" data-bbox="396 1062 1325 1245"> <tr> <th>Principal Members</th><th>MBL Coverage</th></tr> <tr> <td>Non-Officer employee</td><td>Php120,000.00 per illness per year exclusive of Philhealth benefits</td></tr> <tr> <td>Officer employee</td><td>Php160,000.00 per illness per year exclusive of Philhealth</td></tr> </table>	Principal Members	MBL Coverage	Non-Officer employee	Php120,000.00 per illness per year exclusive of Philhealth benefits	Officer employee	Php160,000.00 per illness per year exclusive of Philhealth
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Officer employee	Php160,000.00 per illness per year exclusive of Philhealth						
2	To cover In-Patient Care, Out-Patient Care, and Emergency Case to be availed by the principal members.						
<b>VI. Minimum Benefits</b>							
1	Preventive Health Care Services <ol style="list-style-type: none"> <li>Periodic monitoring of health problems.</li> <li>Immunization, excluding the cost of vaccines.</li> <li>Semi-annual lectures and seminars by professionals on relevant health topics and issues to be held at the UCPBS Head Office or any venue, including videoconference or virtual space, at the option of the UCPBS on the following topics; <ol style="list-style-type: none"> <li>Health-education on prevalent illnesses and counselling on diets and/or exercise; and</li> <li>Health habits and family planning counseling.</li> </ol> </li> </ol>						

2	<p><b>Annual Physical Examination (APE) and Executive Checkup (Officers only)</b></p> <ol style="list-style-type: none"> <li>For Head Office based principal members, APE shall be conducted at the UCPBS Head Office;</li> <li>For Branches based principal members, APE shall be conducted at the HMO's nearby clinic or affiliated hospital / clinic;</li> <li>Executive Checkup for Officers, the principal members shall visit HMO's nearby clinic or affiliated hospital/ clinic via appointment schedule with endorsement from the authorized HR representative;</li> <li>The APE or Executive Checkup shall include the followings: <ol style="list-style-type: none"> <li>Medical history taking and physical examination</li> <li>Chest x-ray</li> <li>Urinalysis</li> <li>Fecalalysis</li> <li>Complete Blood Count</li> <li>Electrocardiogram (ECG) for members 35 years and above, or if indicated by a physician</li> <li>Pap smear for female members 35 years old and above, or if indicated by a physician</li> <li>Uric acid test</li> <li>Fasting Blood Sugar</li> <li>Whole abdominal ultrasound</li> <li>PSA (for male)</li> <li>Breast Ultrasound (for female)</li> <li>Blood chemistry (FBS, BUN, Creatinine, Total Cholesterol, Triglyceride, HDL, LDL, Blood Uric acid, SGPT, SGOT)</li> </ol> </li> </ol>																
3	<p><b>Point of Service Program</b></p> <ol style="list-style-type: none"> <li>Point of service benefit allows members to avail of services from non-accredited doctors and non-accredited hospitals during non-emergency cases subject to the reimbursement limits on the table below: <table border="1" data-bbox="409 1318 1312 1507"> <thead> <tr> <th colspan="2">IN-PATIENT</th> </tr> <tr> <th>Type of Availment</th><th>Rate of Reimbursement</th></tr> </thead> <tbody> <tr> <td>Approved hospital bills</td><td>80% subject to IRV up to dreaded disease limit</td></tr> <tr> <td>Professional fees</td><td>100% based on IRV</td></tr> </tbody> </table> <table border="1" data-bbox="409 1537 1312 1738"> <thead> <tr> <th colspan="2">OUT-PATIENT</th> </tr> <tr> <th>Type of Availment</th><th>Rate of Reimbursement</th></tr> </thead> <tbody> <tr> <td>Consultation/day</td><td>100% based on IRV</td></tr> <tr> <td>Approved laboratory examinations</td><td>100% up to the dreaded disease limit subject to IRV</td></tr> </tbody> </table> </li> <li>The point of service shall not apply to the following services/facilities: <ul style="list-style-type: none"> <li>Dental Services;</li> <li>Accredited hospitals or facilities that are specifically excluded in this agreement.</li> </ul> </li> </ol>	IN-PATIENT		Type of Availment	Rate of Reimbursement	Approved hospital bills	80% subject to IRV up to dreaded disease limit	Professional fees	100% based on IRV	OUT-PATIENT		Type of Availment	Rate of Reimbursement	Consultation/day	100% based on IRV	Approved laboratory examinations	100% up to the dreaded disease limit subject to IRV
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	<p>c. <b>Hepatitis B</b> shall be covered up to dreaded disease limit per year.</p> <p>d. <b>Motor Vehicular Liability-</b> HMO medical and hospital services are extended to a member if the members bodily injuries and fractures are claimed to have been caused by any act or omission of a third party through a motor vehicle. Provided, however, that the member executes an agreement to subrogate to HMO whatever rights the member may have by reason of such accident or event that give rise to such claim to the extent of the value of the services so rendered.</p>																		
4	<p><b>Out-Patient Care Benefits</b></p> <p>a. To arrange Out-patient care services within Accredited Clinics and Hospitals for all members employed by the client, subject to the following terms and conditions under this program.</p> <p>b. The following Out-patient Services will be provided to principal members in any accredited hospital and/or clinic.</p> <table border="1"> <tr> <td>1. Medical consultation during regular clinic hours, excluding prescribed medicines;</td><td>Covered</td></tr> <tr> <td>2. Emergency room care;</td><td>Covered</td></tr> <tr> <td>3. Referral to accredited specialist/s;</td><td>Covered</td></tr> <tr> <td>4. Eye, Ear, Nose and Throat consultations;</td><td>Covered</td></tr> <tr> <td>5. Treatment of minor injuries or illness (including ATS and Toxoid vaccines if indicates);</td><td>Covered</td></tr> <tr> <td>6. Laboratory tests, x-rays, and other diagnostic examinations prescribed by the doctor;</td><td>Covered</td></tr> <tr> <td>7. Minor surgery not requiring confinement;</td><td>Covered</td></tr> <tr> <td>8. Speech and physical therapy;</td><td>Covered up to a maximum of twelve (12) treatments per member per year within the dreaded disease limit</td></tr> <tr> <td>9. Pre-natal and post-natal consultations excluding laboratory examinations</td><td>Covered at any accredited clinic or hospital</td></tr> </table>	1. Medical consultation during regular clinic hours, excluding prescribed medicines;	Covered	2. Emergency room care;	Covered	3. Referral to accredited specialist/s;	Covered	4. Eye, Ear, Nose and Throat consultations;	Covered	5. Treatment of minor injuries or illness (including ATS and Toxoid vaccines if indicates);	Covered	6. Laboratory tests, x-rays, and other diagnostic examinations prescribed by the doctor;	Covered	7. Minor surgery not requiring confinement;	Covered	8. Speech and physical therapy;	Covered up to a maximum of twelve (12) treatments per member per year within the dreaded disease limit	9. Pre-natal and post-natal consultations excluding laboratory examinations	Covered at any accredited clinic or hospital
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5 In-Patient Care Benefits

To arrange In-patient care services within Clinic and Accredited Hospitals for all members employed by the Client, subject to the following terms and conditions under.

- a. **TREATMENT/IN-PATIENT CARE (Non-emergency).** The following hospitalization (In-patient) services will apply when a accredited doctor prescribes the hospitalization of the principal member is in any Accredited Hospital:

1. Room and Board benefits specified in schedule per category;	Covered
2. Use of operating room and recovery room facilities;	Covered
3. Professional services of all attending accredited specialists;	Covered
4. Anesthesia and medications	Covered
5. Blood transfusion and intravenous fluids;	Covered
6. Human blood products (e.g. platelets, packed RBC) and its processing/screening except gamma globulin;	Covered up to Dreaded Disease Limit
7. Laboratory tests, x-rays, and other diagnostic examinations;	Covered
8. Administered medicines;	Covered
9. Admission kit including ice cap/wee bag;	Covered
10. Dressing, plaster casts, sutures and other items directly related to the medical management of the patient;	Covered
11. ICU confinement is covered up to Pre -existing Condition Limit;	Covered
12. Ambulance service;	Covered up to three thousand pesos (Php 3,000.00) per member/year
13. Assistance in administrative requirements through the liaison officer; and	Covered
14. All other hospital charges deemed necessary by HMO Accredited/affiliated Doctor in the treatment of the patient.	Covered

- b. **TREATMENT/IN-PATIENT CARE (Emergency).** When the principal member is under emergency care services at the emergency room of Accredited hospital or clinic, the following are provided:

1. Accredited/Affiliated Doctor's services;	Covered
2. Medicines administered during treatment, or for immediate relief;	Covered
3. Oxygen and Intravenous fluids;	Covered
4. Dressings, plaster casts, and sutures;	Covered
5. Laboratory tests, x-rays, and other diagnostic examinations directly related to the emergency management of the patient.	Covered

6 Dental Benefits

- a. Oral prophylaxis



	<ul style="list-style-type: none"> <li>b. Orthodontic consultation (braces and malposition of teeth)</li> <li>c. Emergency dental treatment for the relief of pain w/o any other dental procedures</li> <li>d. Simple extraction of unsavable tooth- up to two (2) teeth per year w/o any other dental procedures</li> <li>e. Permanent fillings- up to two (2) teeth per member /year.</li> </ul>
7	<p>Special diagnostic procedures, modalities, therapeutic procedures and other benefits</p> <ul style="list-style-type: none"> <li>a. The following shall be covered, in an out-patient basis, up to Php15,000.00 per member per year: <ul style="list-style-type: none"> <li>1. Angiography</li> <li>2. Pulmonary perfusion and ventilation scan</li> <li>3. Examination involving use of Nuclear technologies/imaging and radioimmunodiagnosis and therapy</li> <li>4. Electromyography, Nerve Conduction Velocity (EMG-NCV) Studies, Electroencephalogram(EEG)</li> <li>5. 24-hour Holter monitoring</li> <li>6. 2D echo/trans-esophageal echocardiography, venous/arterial duplex/Doppler studies, etc.</li> <li>7. Treadmill stress test/Thallium Stress teest</li> <li>8. Myelogram</li> <li>9. Imaging studies including Computerize Tomography (CT Scan) Magnetic Resonance Imaging (MRI) and Neuro scan</li> <li>10. Video gastroscopy and other endoscopic procedures</li> <li>11. Connective tissue disease examinations</li> <li>12. All tumor markers</li> <li>13. ENT procedures</li> <li>14. Radiographic studies requiring the use of contrast media</li> <li>15. Diagnostic procedures requiring the use of operating room</li> </ul> </li> </ul>
8	<p>Latest Modalities of Treatment</p> <ul style="list-style-type: none"> <li>a. The following shall be covered up, up to Php50,000.00 per member per year: <ul style="list-style-type: none"> <li>1. Laser surgery and treatment except to correct error of refraction</li> <li>2. Lithotripsy</li> <li>3. Arthroscopic knee surgery</li> <li>4. Laparoscopic Cholecystectomy</li> <li>5. Endoscopic Sinus Surgery</li> <li>6. Laparoscopic Pelvic Operations</li> <li>7. Trans-urethral Microwave Therapy of Prostate</li> <li>8. Cryosurgery</li> <li>9. Stereotactic Brain biopsy</li> <li>10. Gamma knife surgery</li> <li>11. Percutaneous Ultrasonic Nephrolithotomy</li> <li>12. Hysteroscopic Myoma Resection</li> <li>13. Laparoscopic Adrenalectomy (one limit each organ)</li> </ul> </li> <li>b. For other latest modalities of treatment, the coverage shall be limited to the cost of the traditional method</li> </ul>



	c. However, the new modalities of treatment or diagnostic procedures where there are no comparable traditional equivalent, the coverage shall be limited to Php15,000.00 per modality or diagnostic procedure																
9	<p>Therapeutic and Other Special Treatments</p> <p>a. Chemotherapy b. Cobalt Therapy and other radiation therapy c. Dialysis d. Diagnostic and treatment of Slipped disc, spondylosis, scoliosis and spinal stenosis</p>																
10	<p>Congenital Illness</p> <p>Congenital illness and deformities of the principal member shall be covered up to Php20,000.00 per year.</p>																
11	<p>Pre-Existing Illness</p> <p>a. Pre-existing illness are medical conditions present upon the effective date of coverage for which a prior consultation and treatment has already been sought by and evident to the member, or the pathogenesis of the illness has started whether or not the member is aware of it. b. All illness, injury or any adverse medical conditions that are considered pre-existing, whether dreaded or non-dreaded, shall be covered up to maximum benefits limit.</p>																
<p><b>VII. General Limitations (For In-Patient and Out-Patient cases)</b></p> <p>If the following procedures are required, these limits will apply, inclusive of room and board, operating room charge, professional fees and other incidental expense relative to the procedure, provided it is deemed necessary.</p> <table border="1"> <tr> <td>1. Open heart surgery (except cost of pacemaker) (up to sixty-five [65] years old only)</td><td>up to dreaded disease limit each per year</td></tr> <tr> <td>2. Transurethral microwave therapy (TUMT) of prostate</td><td>up to dreaded disease limit each per year</td></tr> <tr> <td>3. Percutaneous Ultrasonic Nephrolithotomy</td><td>up to dreaded disease limit each per year</td></tr> <tr> <td>4. Modern therapeutic modalities and interventional surgical procedures such as, but not limited to laparoscopic cholecystectomy/adrenalectomy and lithotripsy/ESWL</td><td>up to dreaded disease limit each per year</td></tr> <tr> <td>5. Stereotactic brain biopsy</td><td>up to dreaded disease limit each per year</td></tr> <tr> <td>6. Dialysis</td><td>up to twelve (12) treatments session within dreaded disease limit, whichever comes first</td></tr> <tr> <td>7. Chemotherapy/ Radiotherapy</td><td>up to twelve (12) treatments session within dreaded disease limit, whichever comes first</td></tr> <tr> <td>8. Gamma Knife Surgery (based on cobalt/radiotherapy)</td><td>up to dreaded disease limit each per year</td></tr> </table>		1. Open heart surgery (except cost of pacemaker) (up to sixty-five [65] years old only)	up to dreaded disease limit each per year	2. Transurethral microwave therapy (TUMT) of prostate	up to dreaded disease limit each per year	3. Percutaneous Ultrasonic Nephrolithotomy	up to dreaded disease limit each per year	4. Modern therapeutic modalities and interventional surgical procedures such as, but not limited to laparoscopic cholecystectomy/adrenalectomy and lithotripsy/ESWL	up to dreaded disease limit each per year	5. Stereotactic brain biopsy	up to dreaded disease limit each per year	6. Dialysis	up to twelve (12) treatments session within dreaded disease limit, whichever comes first	7. Chemotherapy/ Radiotherapy	up to twelve (12) treatments session within dreaded disease limit, whichever comes first	8. Gamma Knife Surgery (based on cobalt/radiotherapy)	up to dreaded disease limit each per year
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9. CT Scan	up to dreaded disease limit each per year
10. Ultrasound (except for maternity cases)	up to dreaded disease limit each per year
11. Angiography (e.g. coronary, cerebral, retinal, pulmonary, GT, etc.)	up to dreaded disease limit each per year
12. Thallium Scintigraphy	up to dreaded disease limit each per year
13. Benign Prostatic Hypertrophy	up to dreaded disease limit each per year
14. 2D-Echo with Doppler	up to dreaded disease limit each per year
15. 24-Hour Holter Monitoring	up to dreaded disease limit each per year
16. Herniorrhaphy	up to dreaded disease limit each per year
17. Electromyography	up to dreaded disease limit each per year
18. Nerve conduction velocity studies	up to dreaded disease limit each per year
19. Treadmill Stress Test	up to dreaded disease limit each per year
20. Myelogram	up to dreaded disease limit each per year
21. Endoscopy including one of video	up to dreaded disease limit each per year
22. Orthopedic arthroscopy	up to dreaded disease limit each per year
23. Adrenocortical function (e.g. primary aldosteronism, cushings disease)	up to dreaded disease limit each per year
24. Plasma/urinary cortisol, plasma aldosterone, etc.	up to dreaded disease limit each per year
25. Video Gastroscopy	up to dreaded disease limit each per year
26. Mammography/Sonomammogram	up to dreaded disease limit each per year
27. Bone Densitometry Scan (Dexascan)	up to dreaded disease limit each per year
28. Genetic/immunologic studies	up to dreaded disease limit each per year
29. Radioactive iodine therapy	up to dreaded disease limit each per year
30. Magnetic Resonance Imaging (MRI)	up to dreaded disease limit each per year
31. Tests involving use of nuclear technologies (e.g. radionuclide ventriculography/thallium stress testing/ radionuclide/thyroid scan, etc.), nuclear technologies such as pyrophosphate Scintigraphy, positron emission tomography, radio isotope scanning, etc.)	up to dreaded disease limit each per year
32. Anti-nuclear antibody (ANA), C-Reactive protein (rheumatic and its complications), Lupus cell exam	up to dreaded disease limit each per year
33. Laboratory/ancillary services for conditions whose pathogenesis or subsequent clinical improvement is not yet fully established in Medical Science	up to dreaded disease limit each per year
34. New modalities and/or diagnostic and treatment procedures for conditions with	up to dreaded disease limit each per year

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Failure of patient to settle the excess bills shall necessitate HMO to bill the company for reimbursement with corresponding nine percent (9%), payable within fifteen (15) days from receipt of billing, or may be accommodated provided with approval from HRD with a corresponding nine percent (9%) administrative fee.         </td></tr> <tr> <td colspan="2"> <b>Emergency Care</b> in areas where there are no accredited facility            -In cases of emergency where the member avails services in areas without accredited hospitals, HMO agrees to reimburse one hundred percent (100%) of the total hospital bills and doctors professional fees up to dreaded disease limit.         </td></tr> <tr> <td colspan="2">           In case of non-availability of room according to plan during confinements, member may avail of the next higher room available up to small suit only within first forty-eight (48) hours, provided a certification from the hospital admitting section must be secured before the date of discharge to that effect.         </td></tr> <tr> <td colspan="2">           HMO shall cover oral treatments (not fast relief Over-the-Counter drugs or medicines not for maintenance for post-operative cases and the like)         </td></tr> <tr> <td colspan="2">           Nervous system illnesses such as multiple sclerosis, Guillain-Barre Syndrome and myasthenia gravis are covered up to dreaded disease limit per member/year.         </td></tr> </table>	Laser treatment for glaucoma and retinal detachment	Covered up to Php30,000.00/year	Cataract extraction excluding the cost of lens	Up to dreaded disease limit per member/year	Anti rabies, anti tetanus and anti venom vaccines	Shall be covered up to Php20,000.00 for all three (3) per member/year	Cauterization of warts (including facial warts) but must be done in accredited hospital/clinic by an accredited doctor	Covered up to Php2,000.00/member/year	Congenital illnesses (e.g. AV malformation, mitral valve prolapse, indirect inguinal hernia)	Covered up to Php30,000.00 per member/year	Slipped disc, scoliosis, multiple sclerosis, spondylosis and spinal stenosis	Covered up to Php30,000.00 per member/year	AIDS secondary to accidental blood transfusion or needle injection	Up to dreaded disease limit per member/year	Work-related illness/accidents	Up to dreaded disease limit per member/year subject to exclusions and limitations of the contract	Organ transplant excluding cost of organ and donor's expense	Up to dreaded disease limit per member/year (up to 65yo only)	For confinements and availments in Makati Medical Center which has a blanket authority policy, all disapproved charges expense and excess in dreaded disease limit of Php120,000.00/Php160,000.00 whichever is applicable shall be settled directly with the hospital upon exhaustion of limit. 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<b>IX.</b>	<b>Philhealth Benefits</b>  Hospitalization benefits due under the HMO Program are inclusive of Philhealth coverage.																												
<b>X.</b>	<b>Accreditation of Clinics and/or Doctors</b>																												

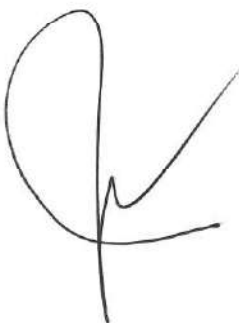
	<p>a. The HMO shall accredit additional clinics and/or doctors at the request if the UCPBS subject to the HMO's standard requirements and procedures on accreditation of clinics or doctors.</p> <p>b. UCPBS reserves the right to request preferred physician/ hospital/ clinics for accreditation. Provided, however, that in the event that the designated physician/hospitals/clinics refuse accreditation, the HMO shall be excused from complying with this provision.</p>
<b>XI.</b>	<p><b>HMO Liaison Officer and Medical Officer</b></p> <p>The HMO shall designate a coordinator/ contact person/ liaison officer whom the UCPBS and principal members can contact to assist and facilitate the expedient availment of medical services and answer other HMO related concerns.</p>
<b>XII.</b>	<p><b>Others</b></p> <p>a. The UCPBS shall oversee the implementation of the HMO Program and monitoring compliance of the HMO in accordance with the provisions of the TOR/Contract</p> <p>b. The HMO shall be required to strictly submit to the Human Resources Department the prescribed and officially signed <u>Quarterly Utilization Reports</u>. These reports shall be promptly and strictly submitted every third week of the month immediately following the quarter or whenever required.</p> <p>c. The utilization of the dependent-members shall not form part of the utilization reports of the principal members.</p> <p>d. The HMO shall officially request for a certified and updated Master List of UCPBS employees from the Human Resources Department from the date of the Notice to Proceed (NTP).</p> <p>e. In the implementation of the contract, the medical records and utilization reports, including raw utilization data, name, addresses, telephone numbers, identification numbers, dates of birth, and other personal and confidential information pertaining to principal members obtained by or given to the HMO or its agents and subcontractors shall be <u>treated with full confidentiality</u>.</p> <p>f. The HMO shall not use or disclose such confidential information, or any part thereof, in any manner other than is necessary to perform its obligations under the TOR or Contract or as required by law.</p> <p>g. In the event that a member's medical/surgical expenses exceed the maximum benefit limit, the excess amount shall be shouldered by the principal member concerned.</p>
<b>XIII.</b>	<p><b>Evaluation</b></p>
1	The UCPBS reverses the right to reject any or all proposals, or to waive any defect or informality thereon or minor deviations, which do not affect the substance and validity of any or all the proposals.
2	<p>The UCPBS reverses the right to reject the proposal of any proponent who:</p> <p>a. Does not offer the required services as provided in this Terms of Reference;</p> <p>b. Is discovered to have suppressed, disclosed or falsified information;</p>

	c. Failed to satisfactorily perform/ complete any contract previously taken.
3	The UCPBS reserves the right to review other relevant information affecting the proponent or the proposal before the approval of the contract, should such review uncover any misrepresentation made in the proposal documents, or any change in the situation of the proponent which affects the substance of his proposals, UCPBS may disqualify the proponent from obtaining the award/contract.




***Section VIII. Checklist of Technical and  
Financial Documents***

*Sparsity*

A large, stylized handwritten signature or set of initials, possibly 'R' or 'K', written in black ink.



# Checklist of Technical and Financial Documents

## I. TECHNICAL COMPONENT ENVELOPE

### *Class "A" Documents*

#### Legal Documents

- ☐ (a) Valid PhilGEPS Registration Certificate (Platinum Membership) (all pages) in accordance with Section 8.5.2 of the IRR;
- Or
- ☐ (b) Registration certificate from Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives or its equivalent document,
- And
- ☐ (c) Mayor's or Business permit issued by the city or municipality where the principal place of business of the prospective bidder is located, or the equivalent document for Exclusive Economic Zones or Areas;
- And
- ☐ (d) Tax clearance per E.O. No.398, s. 2005, as finally reviewed and approved by the Bureau of Internal Revenue (BIR).

#### Technical Documents

- ☐ (e) Statement of the prospective bidder of all its ongoing government and private contracts, including contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contract to be bid; and
- ☐ (f) Statement of the bidder's Single Largest Completed Contract (SLCC) similar to the contract to be bid, except under conditions provided for in Sections 23.4.1.3 and 23.4.2.4 of the 2016 revised IRR of RA No. 9184, within the relevant period as provided in the Bidding Documents; and
- ☐ (g) Original copy of Bid Security. If in the form of a Surety Bond, submit also a certification issued by the Insurance Commission;
- or
- ☐ (h) Original copy of Notarized Bid Securing Declaration; and
- ☐ (i) Conformity with the Technical Specifications, which may include production/delivery schedule, manpower requirements, and/or after-sales/parts, if applicable; and
- ☐ (j) Original duly signed Omnibus Sworn Statement (OSS); and if applicable, Original Notarized Secretary's Certificate in case of a corporation, partnership, or cooperative; or Original Special Power of Attorney of all members of the joint venture giving full power and authority to its officer to sign the OSS and do acts to represent the Bidder.

#### Financial Documents

- ☐ (j) The Supplier's audited financial statements, showing, among others, the Supplier's total and current assets and liabilities, stamped "received" by the BIR or its duly accredited and authorized institutions, for the preceding calendar year which should not be earlier than two (2) years from the date of bid submission; and

Handwritten signature and initials in the bottom left corner of the page.



- (k) The prospective bidder's computation of Net Financial Contracting Capacity (NFCC);  
or  
A committed Line of Credit from a Universal or Commercial Bank in lieu of its NFCC computation.

***Class "B" Documents***

- ☐ (l) If applicable, a duly signed joint venture agreement (JVA) in case the joint venture is already in existence;  
or  
duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.

**II. FINANCIAL COMPONENT ENVELOPE**

- ☐ (m) Original of duly signed and accomplished Financial Bid Form; and  
☐ (n) Original of duly signed and accomplished Price Schedule(s).

*Other documentary requirements under RA No. 9184 (as applicable)*

- ☐ (o) *[For foreign bidders claiming by reason of their country's extension of reciprocal rights to Filipinos]* Certification from the relevant government office of their country stating that Filipinos are allowed to participate in government procurement activities for the same item or product.  
☐ (p) Certification from the DTI if the Bidder claims preference as a Domestic Bidder or Domestic Entity.

*Steady*



## ***Section IX. Bidding Forms***

Spandy Inc

**Bid Form# 01 Bid Form**

**BID FORM**

Date : \_\_\_\_\_  
Project Identification No. : \_\_\_\_\_

To: *[name and address of Procuring Entity]*

Having examined the Philippine Bidding Documents (PBDs) including the Supplemental or Bid Bulletin Numbers *[insert numbers]*, the receipt of which is hereby duly acknowledged, we, the undersigned, offer to *[supply/deliver/perform]* *[description of the Goods]* in conformity with the said PBDs for the sum of *[total Bid amount in words and figures]* or the total calculated bid price, as evaluated and corrected for computational errors, and other bid modifications in accordance with the Price Schedules attached herewith and made part of this Bid. The total bid price includes the cost of all taxes, such as, but not limited to: *[specify the applicable taxes, e.g. (i) value added tax (VAT), (ii) income tax, (iii) local taxes, and (iv) other fiscal levies and duties]*, which are itemized herein or in the Price Schedules,

If our Bid is accepted, we undertake:

- a. to deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements of the Philippine Bidding Documents (PBDs);
- b. to provide a performance security in the form, amounts, and within the times prescribed in the PBDs;
- c. to abide by the Bid Validity Period specified in the PBDs and it shall remain binding upon us at any time before the expiration of that period.

*[Insert this paragraph if Foreign-Assisted Project with the Development Partner:*

Commissions or gratuities, if any, paid or to be paid by us to agents relating to this Bid, and to contract execution if we are awarded the contract, are listed below:

Name and address of agent	Amount or Currency	Purpose of Commission or gratuity
---------------------------	--------------------	-----------------------------------

(if none, state "None") /

Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof and your Notice of Award, shall be binding upon us.

We understand that you are not bound to accept the Lowest Calculated Bid or any Bid you may receive.

We certify/confirm that we comply with the eligibility requirements pursuant to the PBDs.

The undersigned is authorized to submit the bid on behalf of *[name of the bidder]* as evidenced by the attached *[state the written authority]*.

We acknowledge that failure to sign each and every page of this Bid Form, including the attached Schedule of Prices, shall be a ground for the rejection of our bid.

Name: \_\_\_\_\_

Legal capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Duly authorized to sign the Bid for and behalf of: \_\_\_\_\_

Date: \_\_\_\_\_

*Spunady* 

**Bid Form# \_\_\_ Contract Agreement Form**

**CONTRACT AGREEMENT**

THIS AGREEMENT made the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ between [name of *PROCURING ENTITY*] of the Philippines (hereinafter called "the Entity") of the one part and [name of Supplier] of [city and country of Supplier] (hereinafter called "the Supplier") of the other part;

WHEREAS, the Entity invited Bids for certain goods and ancillary services, particularly [brief description of goods and services] and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of [contract price in words and figures in specified currency] (hereinafter called "the Contract Price").

**NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:**

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as integral part of this Agreement, viz.:
  - a) The Supplier' Bid, including the Technical and Financial Proposals, and all other documents/statements submitted (e.g. bidder's response to clarifications on the bid), including corrections to the bid resulting from the Procuring Entity's bid evaluation;
  - b) Schedule of Requirements;
  - c) Technical Specifications;
  - d) General Conditions of Contract;
  - e) Special Conditions of Contract;
  - f) Performance Security; and
  - g) Entity's Notice of Award.
  - h) Other contract documents that may be required by existing laws and/or the Procuring Entity concerned in the PBDs. **Winning bidder agrees that additional contract documents or information prescribed by the GPPB that are subsequently required for submission after the contract execution, such as the Notice to Proceed, Variation Orders, and Warranty Security, shall likewise form part of the Contract.**
3. In consideration for the payments to be made by the Entity to the Supplier as hereafter mentioned, the Supplier hereby covenants with Entity to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
4. The Entity hereby covenants to pay the Supplier in consideration of the goods and services and the remedying of defects therein, The Contract Price or such other sum as may become payable under the provisions of the contract at the time and in the manner prescribed by the contract.

*Handwritten signature*

5. Notwithstanding any provision in the General and Special Conditions of Contract, the UCPBS may pre-terminate this Contract subject to a notice to the Supplier within thirty (30) days prior to the effective date of pre-termination.
6. UCPBS shall have the right to assign its rights and liabilities under this Contract subject only to a notice to the Supplier.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

Signed, sealed and delivered by \_\_\_\_\_ the \_\_\_\_\_ (for the Entity)

Signed, sealed and delivered by \_\_\_\_\_ the \_\_\_\_\_ (for the Contractor)

**Acknowledgment**

*[Format shall be based on the latest Rules on Notarial Practice]*

*Spunady*  


**Bid Form# \_\_\_\_ Omnibus Sworn Statement**

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

**AFFIDAVIT**

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

*[If a sole proprietorship:]* I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

*[If a partnership, corporation, cooperative, or joint venture:]* I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

*[If a sole proprietorship:]* As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

*[If a partnership, corporation, cooperative, or joint venture:]* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable:));

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*